

Crowism, social injustice, segregation, and discrimination. However, our strong faith and belief in the promise of America has enabled us to persevere in the face of adversity.

In all areas of life, African Americans have made an important contribution. In music, from jazz to hip-hop, African Americans continue to have a strong influence upon our nation's musical heritage. From Langston Hughes and Richard Wright, to Maya Angelou and Toni Morrison, African Americans have enriched this country's literary heritage. We have excelled in film, sports, and business and continue to sow into the life of this nation.

African American scientists, inventors, educators, and physicians, such as Dr. Charles Drew and Dr. Ben Carson to name a few, have and continue to enrich the daily lives of all Americans—from developing blood transfusion and blood bank procedures to learning the path of the mind to perform delicate brain surgery. Inventors, such as Garrett Morris and Granville T. Woods to name just a few, have developed everything from the spotlight and gas mask to critical railway switching technology.

Additionally, we have proudly served our nation with distinction in every war—from the Revolutionary War to today in Operation Iraqi Freedom. The struggle for freedom, equality, and civil rights has always been a struggle for the full realization of true democracy in America. Our legacy is firmly ingrained in the very fabric of this democracy. However, in spite of our triumphs and accomplishments, there does not exist a national museum located in Washington D.C. on or near the National Mall dedicated to the documentation of African American history. This bill creates such a museum.

The National Museum of African American History and Culture would properly collect, preserve, exhibit, and honor, on a national level, the period of slavery, Reconstruction, the Harlem Renaissance, and other periods associated with African American life, art, history, and culture. Not only will this national repository of the Black experience in America be viewed by millions of tourists who flock to the nation's capital each year, but will be accessible to students and scholars alike. It will also demonstrate to our youth that they can take pride in their rich cultural heritage.

Mr. Speaker, I urge my colleagues to lend their support to this important piece of legislation. I would just like to take this opportunity to thank my distinguished colleague, Representative JOHN LEWIS, for his tireless dedication and leadership. Mr. LEWIS has committed more than 10 years of his life to the vision of a national monument celebrating the legacy of African Americans on the national mall. We are now on the verge of making that dream a reality. Please support this bipartisan bill.

I also extend my sincere appreciation to Representatives JACK KINGSTON and ROGER WICKER, and Senators SAM BROWNBACK and CHRISTOPHER DODD for their leadership.

Mr. NEY. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. PEARCE). The question is on the motion offered by the gentleman from Ohio (Mr. NEY) that the House suspend the rules and pass the bill, H.R. 3491.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of

those present have voted in the affirmative.

Mr. LEWIS of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

GENERAL LEAVE

Mr. NEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 3491.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

Ms. BERKLEY. Mr. Speaker, I offer a motion to instruct.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Ms. BERKLEY moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1 be instructed as follows:

(1) To reject the provisions of subtitle C of title II of the House bill.

(2) To reject the provisions of section 231 of the Senate amendment.

(3) Within the scope of conference, to increase payments for physician services by an amount equal to the amount of savings attributable to the rejection of the aforementioned provisions.

(4) To insist upon section 601 of the House bill.

Ms. BERKLEY (during the reading). Mr. Speaker, I ask unanimous consent that the motion to instruct be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Nevada?

There was no objection.

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from Nevada (Ms. BERKLEY) and the gentlewoman from New Mexico (Mrs. WILSON) each will control 30 minutes.

The Chair recognizes the gentleman from Nevada (Ms. BERKLEY).

GENERAL LEAVE

Ms. BERKLEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on this motion to instruct.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Nevada?

There was no objection.

Ms. BERKLEY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to offer a motion to instruct the conferees on the Medi-

care Prescription Drug Bill to provide a much needed payment update to physicians for the next 2 years.

I represent Las Vegas, which is home to the fastest growing seniors population in the United States. In my community, we are facing a health care crisis. The rapid growth of southern Nevada has put a strain on the health care system, and many doctors face a tough choice when it comes to treating Medicare patients because reimbursements are not keeping up with the costs of practicing medicine. In addition to staffing costs and utilities and rent, malpractice insurance for doctors in my community has skyrocketed anywhere from 150 to 400 percent.

We rely on our doctors to treat more than 150,000 seniors under the local Medicare system; but with the cost of doing business so high and the demands for their services at a premium, in many instances our doctors cannot afford to see new Medicare patients. We used to talk about the quality of health care, but the situation is becoming so bad that we are no longer talking about the level of treatment the patient receives, but whether or not they will receive any treatment at all.

My community is struggling to attract enough medical professionals to address the health care needs of our ever-expanding population. But how can we expect more doctors to see more Medicare patients if we continue to cut payments to doctors under Medicare? If we do not act soon, there will be another 4.5 percent reduction in reimbursements to physicians who are treating those who depend on their physicians' care the most, our seniors.

If we allow this to happen, the result will be a loss of \$17 million in payments to physicians in my State of Nevada alone. The time is long past due that we increase these payments which have limited medical providers from expanding the number of patients receiving care. I have heard from doctors in Las Vegas who say they want to treat Medicare patients, but they are being forced to choose between taking on new Medicare patients or keeping the lights on in their offices and their practices solvent.

According to the AMA, since 1991 the cost of practicing medicine has gone up by more than 33 percent, but payments have grown less than 10 percent. For years doctors have provided important tests for seniors for cholesterol, depression, blood pressure, vision, and hearing impairment without any reimbursements from Medicare.

Medicare reimbursements for primary care are inadequate, and in January they will be too low for many doctors to continue to serve Medicare patients. Just last year, doctors' payments were cut by 5.4 percent; and if we allow them to be cut once again, this will be the fifth reduction since 1991 and would place doctors' reimbursements 8 percent below 2001 levels. It does not make any sense to be cutting payments to doctors when the

costs of practicing medicine are on the rise.

Our doctors simply cannot afford to take any more cuts. Already one-quarter of the family physicians across the Nation are saying they can not accept any new Medicare patients. Who knows how many more will choose to do the same in January when they are told their reimbursements have been slashed once again?

As a Nation we must provide our doctors with the means to treat and provide health care to our citizens. This motion would instruct the conferees to protect the language in the House version of the Prescription Drug Bill that would reverse the cut to our physicians while providing a 1.5 percent increase in payments for the next 2 years. To fund the increase in payments to our doctors, this motion strikes funding for privatization provisions in the Prescription Drug Bill.

The Centers for Medicare and Medicaid Services estimated that under a privatized Medicare, premiums would skyrocket for the seniors who choose to stay in traditional Medicare. I am concerned that by increasing the premiums of traditional Medicare, many patients would be forced into HMOs and other private plans. This 1.5 percent increase will give doctors nationwide enough to continue to treat seniors on Medicare, and it will give Congress time to develop and permanently fix this flawed system that shortchanges doctors and continues to restrict the ability of seniors to access health care services.

I ask my colleagues to work with me to fix the Medicare physician reimbursements formula which currently threatens to destabilize the Medicare program. Seniors rely on their doctors and the medicines they need to stay healthy. Seniors have waited too long for a prescription drug benefit in Medicare and relief from high prescription drug costs. We must work together for a drug benefit that prevents seniors from risking their health by cutting pills in half or having to choose between paying for medicine and paying for their rent, their electricity or even the purchase of their food.

For 4 decades this Nation promised that Medicare would provide health care for all seniors. It is a program that ensures these hardworking older Americans who have paid taxes and have paid into the system will have health care coverage.

I urge my colleagues to vote for this motion to allow our constituents to continue to choose what doctors they see, what hospitals they are treated in, and to continue to access the highest quality of care.

Mr. Speaker, I reserve the balance of my time.

Mrs. WILSON of New Mexico. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, it is a little bit hard for me to understand why we are going to vote on this motion to instruct or why

my colleague from Nevada has offered it, because the conference committee on the Medicare bill has already agreed that we are not going to have the provisions in there that she is worried about that we are going to adjust the physician payments.

In fact, the American Medical Association has written to us asking us to strongly oppose the Berkley motion to pass the pending Medicare conference report. So, in fact, I think the problem that the gentlewoman has addressed or has identified here has already been addressed in the conference report to the satisfaction of physicians nationwide. Perhaps to explain this a little bit more fully we will turn to a physician.

Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. BURGESS), who is an OB-GYN and he has worked very hard on issues related to health care.

Mr. BURGESS. Mr. Speaker, I thank the gentlewoman from New Mexico (Mrs. WILSON) for yielding me time.

Mr. Speaker, I confess to being a little bit mystified as to why we are here tonight with a motion to instruct conferees when the conference report appears to have been decided; but I am just a simple country doctor, and I do not always understand the ways of Congress.

But the motion to instruct as I understand it would strip out important competitive provisions in the Medicare conference report and redirect funds allegedly towards reimbursement of physicians. The conference committee has reportedly included a provision that will provide physicians with positive updates in 2004 and 2005. That is not a permanent solution. It does provide Congress with the time it needs to make long-term substantive changes to the Medicare physician payment formula. It will also ensure that Medicare beneficiaries continue to access high-quality health care.

That is why the American Medical Association, the American Osteopathic Association, and the Alliance of Specialty Medicine all strongly support the House Medicare bill.

I am aware the supporters of the motion are attempting to portray this as a choice between HMOs or doctors; and this is false and the authors know it is false. However, do not take my word for it. Listen to what the AMA has to say about this motion: "Simply attempting to transfer dollars from patients to physicians through some ambiguous, unspecified mechanism, as is intended under the motion to instruct, would not change the flawed Medicare payment formula and thus would not ensure long-term access for Medicare patients."

As mentioned before, the House bill increased reimbursements for physicians and is supported by the physician community. It also provides seniors with more choices under Medicare and attempts to make some long-term competitive reforms so that Medicare

is available and on sound financial footing for generations to come.

Mr. Speaker, Medicare spends \$247 billion a year as it stands. The gentlewoman that offered the motion to instruct is from Nevada and, of course, Nevada has had a serious problem with liability in recent years. In fact, a study by Kessler in 1996 showed that with two diagnostic codes, \$50 billion a year could be saved in Medicare if we did not have to bear the costs of defensive medicine in this country. That \$50 billion would more than fund the \$40 billion a year with which we are seeking to add a prescription drug benefit.

The House-passed Medicare bill does not ever require that Medicare beneficiaries leave traditional Medicare. I might add that we will have a new outpatient drug prescription drug benefit available to beneficiaries. Anyone who says otherwise either does not understand the legislation or does not care to talk about the facts.

This is an irrelevant motion introduced only to score political points. I urge Members to recognize it for what it is and to vote against the motion.

Ms. BERKLEY. Mr. Speaker, I yield 10 minutes to the gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentlewoman from Nevada (Ms. BERKLEY) for her leadership on health care issues and for her advocacy on behalf of seniors, especially in Nevada, and around the country.

Mr. Speaker, I normally when speaking on the House floor do not quote from a television show, but I would like to start this evening with several of my colleagues. The gentlewoman from Ohio (Mrs. CAPPS), the gentleman from Rhode Island (Mr. KENNEDY) and maybe some others, maybe the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Massachusetts (Mr. DELAHUNT) are going to speak on this too.

I am quoting from Al Hunt on "Capital Gang." If you have seen that show, those people watching, you know he does something called the "Outrage of the Week." He says: "Now for the outrages of the week. The American Association of Retired Persons, the largest lobby for the elderly, is on the verge of selling out many seniors on the Medicare bill." This is a commentator saying this, not me. "The legislation as it now stands would deny 4 million retirees coverage they currently get, would give sweeping new powers to HMOs over the traditional one for Medicare," basically a \$12 billion pay-off to the insurance companies, "and would gut a measure approved by both Houses to facilitate importation of cheaper prescription drugs from Canada," from countries that charge two and three and four times what the drug companies do in this country.

"The AARP Washington lobbyists apparently care more about their own influence than what they can do for struggling seniors."

Mr. Speaker, we should not be surprised by this. Let me share some comments, some articles written about AARP which most of us in Washington know is one of the largest insurance companies in the country.

In *Newsday* 3 years ago, "Critics say AARP, which formally unveiled its new headquarters building in downtown Washington last month, has softened its militancy because it is preoccupied with its profit-making enterprise, including \$100 million in earnings from the sale of insurance."

□ 2200

The *Denver Post* wrote not too long ago, "AARP receives more than \$100 million in revenue from health insurers."

Newsday wrote, "Critics suggest that AARP's substantial profits from the sales of insurance policies, drug company advertising,"—no surprise there either considering they sold out to the drug industry on this one,—"drug company advertising in its magazines, and investment schemes conflict with its interests on behalf of seniors. AARP President William Novelli acknowledged complaints from members that AARP has been too timid in the political battles to defend Medicare and Social Security. He conceded that AARP has pulled its punches since right-wing groups and Members of Congress criticized it."

Capital News Service wrote, "AARP's pharmacy service,"—its connection to the drug industry, think about that,— "is part of its insurance sales operation which generated \$101 million in revenue last year, 17 percent of the organization's total budget." No wonder they are there for this bill that enhances the profits of the drug industry, \$150 billion it enhances their profits and gives a \$12 billion blank check to the HMOs in this country.

Milwaukee Journal says, "AARP receives millions of dollars from UnitedHealthcare, a national health insurance firm based in Minnesota."

Now, Mr. Speaker, in the last minute or two before yielding to my friends, I want to mention that Mr. Novelli, who is the head of AARP, who did the negotiations, these tough-minded negotiations with the drug companies and the insurance companies, Mr. Novelli wrote the preface to Newt Gingrich's book on how to reform Medicare.

Newt Gingrich is the guy that first thing after Medicare passed in 1965, only 12 Republicans voted for it. Bob Dole voted no. Donald Rumsfeld voted no. Strom Thurmond voted no. All kinds of Republicans voted no. In those days, Republicans did not like Medicare. They say they do now, but then Newt Gingrich, when the Republicans finally took control of the House in 1995, the first thing Newt Gingrich did was cut \$250 billion from Medicare to do what? Guess. To pay for a tax cut to do for the richest people in the country. Same old story.

Mr. Novelli has decided he is buying in. The head of AARP writes the pref-

ace to Newt Gingrich's book on how to privatize Medicare, the same Newt Gingrich that said: If I have my way, Medicare's going to wither on the vine. The same Newt Gingrich that said that.

Mr. Novelli writes, "Newt's ideas," and they are on a first-name basis obviously as much time as they spent together trying to dismantle Medicare, "Newt's ideas are influencing how we at AARP are thinking about our national role in health promotion and disease prevention and in our advocating for system change." If only his 40 million members knew that he was in league with Newt Gingrich to try to privatize Medicare; that he, Mr. Novelli, was in league with the drug industry which will gain \$150 billion, billion with a B, that is twice what we are spending in Iraq, \$150 billion to the drug industry and a \$12 billion insurance payout to the insurance companies. That is like 1,000 times more than Halliburton is still paying DICK CHENEY, the Vice President of the United States.

These things are pretty incredible, Mr. Speaker, when we think about the money that AARP is going to make from this bill. They are going to get in line behind the drug companies and the insurance companies with their hand out.

Mrs. CAPPS. Mr. Speaker, will the gentleman yield?

Mr. BROWN of Ohio. I yield to the gentlewoman from California.

Mrs. CAPPS. Mr. Speaker, I thank my friend the gentleman from Ohio (Mr. BROWN) for yielding to me.

I want, first of all, to acknowledge this motion to instruct conferees and thank my colleague from Nevada. It is very appropriate that this motion be submitted at this time as we are aware that the conferees on the Medicare modernization bill are meeting, but some news has been trickling out, even though to my knowledge there are Members only on one side of the aisle attending that conference report from the House of Representatives, and so it is just bits and pieces of news that come.

I am thankful that my colleague from Ohio mentioned the fact that AARP has endorsed this legislation which we really have not seen yet, but they must know some things about it, and I just want to say to my colleague that I sent Mr. Novelli a letter today resigning my membership, withdrawing my membership from AARP. I remember so clearly members from the organization from the Washington office coming to my office to tell me in very strong language this summer about the four principles that they were high bound must be in a prescription medication bill, a Medicare modernization bill, including defined benefits, including no means testing, including other standards, all of which are fast disappearing from the legislation as it is being prepared to bring to the floor for a conference vote before we adjourn here.

As this discussion goes on, I cannot get out of my mind the faces of the seniors in my district, several meetings over the past several weeks that I have had with them, seniors who signed up for Medicare+Choice, that partnership between the private sector, the HMOs, the insurance companies and Medicare, a volunteer program, voluntary program that they signed up for to help pay their prescription medications. In my congressional district which is, a lot of parts of it are rural, one after another of these HMOs after raising their premiums, after raising their copays, have left. In parts of my district, there is no choice for seniors but straight Medicare or medigap programs, and in other areas, there is one program just hanging on by a thread.

So the high cap program, the part of Medicare that provides a voluntary counseling service, had gathered seniors together to explain to them why they got this letter from the HMOs saying that they were going to withdraw from the area, not serve them any longer, confuse seniors in their eighties, many of them with health conditions. They were frightened. They were frustrated, and they do not want this legislation. They know very well what happens when we begin the process, which this bill most certainly will do, to take us into privatizing of Medicare, exactly what the former speaker, Mr. Gingrich, had in mind when he became Speaker of the House in the last decade.

This bill, the House bill and the Senate bill which are now being reconciled, are trying to impose an untried and really unnecessary privatization scheme. Medicare works. The piece that needs to be modernized is the prescription benefit. Privatizing Medicare will, contrary to what someone from the other side of the aisle said, will not give seniors that backup, because it will force and by bribing the HMOs, by putting money up front to the HMOs, which this motion to instruct seeks to remove, by bribing the HMOs to come into an area, the folks who are left with Medicare, straight Medicare will be the older and the sicker seniors, because those HMOs will raise their rates. They will raise their premiums, they will cherry pick, and only the sick seniors, the old seniors who have the highest costs will be left with straight Medicare. That is not a choice and that is going to happen. It will be happening before the end of this decade if this bill is passed and goes into effect.

This is something our seniors know very well, and the seniors who have contacted my office today in response to my removing myself from AARP are thankful that we are speaking up because they know that this is something that will not benefit them.

Mrs. WILSON of New Mexico. Mr. Speaker, I yield myself such time as I may consume.

I think all of us agree that Medicare is one of the most successful health

care programs in the history of this country, and I think all of us have a right to be proud of what we are about to accomplish here because we have been elected to make a difference. All of us come here to make a difference on things that matter to the people that we serve, and a large number of national organizations, including the AARP and the American Medical Association, the hospital association, have all endorsed what we are about to accomplish.

I am very pleased to welcome this evening the other doctor from the State of Georgia (Mr. GINGREY) to explain further what this bill is going to do for Americans.

Mr. Speaker, I yield 3½ minutes to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Speaker, I thank the gentlewoman from New Mexico for yielding time to me.

Mr. Speaker, there they go again. They do not like the message so they start trashing, trashing the messenger, and in this case, the messenger just happens to be 35 million seniors who are members of the AARP. Excuse me, 35 million less one. The gentlewoman from California just told us that she resigned.

This is a solution, Mr. Speaker, in desperate need of a problem. The motion to instruct conferees, like so many that the minority has offered before, serves no useful purpose in this debate. They are simply political tools used in a desperate attempt to divert attention away from the fact that the Republican House will in a matter of days deliver, it will deliver on its commitment to providing seniors with access to meaningful, affordable and comprehensive prescription drug coverage.

Mr. Speaker, I support properly reimbursing physicians. The House bill did that and so does the bipartisan Medicare conference agreement which is why it is supported by a number of medical societies, including the American Medical Association.

Listen to what they say: "The American Medical Association strongly supports passage of the Medicare prescription drug conference report, which currently includes historic and critical provisions for improving choice and access for Medicare seniors and disabled patients. In addition," Mr. Speaker, "in addition, the conference report would halt 2 years of impending Medicare payment cuts to physicians and other health professionals and replace them with payment increases of at least 1.5 percent per year. Because the Medicare conference report includes these critical provisions for improving choice and access, the AMA strongly opposes the Berkley motion to instruct and urges Congress to pass the pending Medicare conference report before they adjourn."

If the gentlewoman from Nevada is serious about wanting to help our Nation's providers, our physician providers, and I trust that she is, I would

urge her to reconsider her opposition to medical liability reform legislation such as H.R. 5, the HEALTH Act, the tort reform bill, a bill that was strongly supported by both the AMA and the Nevada Medical Association. The other body has not acted yet, so the gentlewoman will have yet another chance to truly support physician providers.

Mr. Speaker, I strongly support the bipartisan Medicare conference agreement, and we will soon consider this on the House floor. This motion to instruct no longer serves any purpose. Indeed, the provisions related to Medicare competition that the gentlewoman references in her motion are not even part of the final conference committee agreement.

I urge my colleagues to join me in rejecting this motion to instruct and supporting the final Medicare conference agreement.

Ms. BERKLEY. Mr. Speaker, I yield 5 minutes to the gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY of Rhode Island. Mr. Speaker, I want to thank the gentlewoman from Nevada for offering this motion, and I reject those who would call it political.

Yes, believe it or not, we are in a political body, and yes, believe it or not, we live in a democracy where we are Representatives of the people, and we represent those folks the best we can. The gentlewoman from Nevada is doing her job in highlighting the fact that the Republican conference report on the Medicare bill is a sham.

If this was about prescription drug coverage, we would have it all done. There is no disagreement from anyone about the fact that prescription drug coverage ought to be passed. We are talking about \$400 of prescription drug coverage for seniors. It would be done tonight. We could have it on the President's desk. There would not be one person against it other than those who are dead set against any kind of Medicare improvement whatsoever.

The problem the gentlewoman has accurately identified is that this premium support plan that is essentially part of their reform is untenable. It is untenable because the nature of senior citizens, their high risk of needing health care, is such that, guess what, we needed the Medicare program because when we relied on the private sector, the private sector was not there.

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That is why we have the Medicare program, for those who do not understand what we are talking about tonight. We have the Medicare program because when left to the private sector, they did not cover seniors because they were too high risk.

So what do the Republicans propose? They propose going back to the days before we passed Medicare, where we left the seniors' health care to private insurers. Now, what are private insurers going to do? Guess what, they are

going to have to figure out a way to make a profit. How do you make a profit with risk insurance when you have someone as high risk as a senior citizen? Well, if you are smart about your insurance practices, you try to avoid the risk. That is the whole nature of insurance, to avoid risk.

I hope I am not telling anyone anything new, but that is the nature of insurance. So you avoid risk, and that means avoid the sickest seniors. Avoid the seniors who will cost the most. And there will be no argument from the other side on this because it flies in the face of the for-profit nature of the HMO companies that they are about to turn our Medicare system over to.

So you avoid all the seniors that are costing you, you take the seniors that do not require much health care and you want to sign them up. And then what do you do? What happens to all those seniors that are not signed up? Oh, you propose to leave them in the traditional Medicare program, but will increase the premiums of part B on the traditional Medicare program to cover the increased cost that the Medicare program will incur. And the Republicans put a provision in the Medicare program saying that if it should exceed certain cost guidelines, then we will have to come back to Congress to figure out what to do.

Well, guess what is going to happen then? At that point you will say, well, we are going to have to dismantle Medicare because, guess what, it just is not working. Well, you are setting it up not to work. You are underfunding it. And if my colleagues do not believe anything I am saying, just understand this. Who is in favor of this bill? The pharmaceutical industry. Why are they in favor of this bill? Because it does not do what needs to be done to take on the pharmaceutical industry and say you need to give in this matter.

Thirty percent profit rates for the pharmaceutical industries are too much when our seniors are barely able to make it buying the prescription drugs they need and affording them the health and other things they might need in terms of housing and food and the like. The pharmaceutical companies like the Republican bill.

Who else likes the Republican bill? Guess what, the insurance companies like the Republican bill. And as the gentleman from Texas (Mr. DELAY) has said before, and the gentleman from California (Mr. THOMAS), the chairman of the committee, and so we do not misunderstand their intentions, because they said it very clearly, and here is the chairman of the committee: "To those who say that the House bill ends Medicare as we know it, our answer is: we certainly hope so."

Well, my friends, if senior citizens are comfortable with the fact that the future of Medicare is in the hands of those who believe in the private sector, then so be it.

Mrs. WILSON of New Mexico. Mr. Speaker, I yield myself such time as I may consume.

Sometimes I feel here like we are looking through the looking glass, like in the Alice in Wonderland book. Sometimes things people say do not make any sense to me at all. I do not understand how can people say we have underfunded, when we are just about to add \$400 billion in new benefits to Medicare.

When Medicare was started back in 1965, medicine was only 1 percent of the cost of health care. We did not have the miracle medicines that we have today. Cancer, the diagnosis of cancer in 1965, was a death sentence. Today, people survive it because of medicine. And yet we have a system under Medicare that will pay for a diabetic to go into the hospital and have their foot amputated but will not pay \$29.95 a month for the Glucophage to control blood sugar.

That is why so many seniors in New Mexico have opted for something called Medicare+Choice, because that is the only thing in Medicare that has given them something of a prescription drug benefit. Now, this is my card as a Member of Congress. I am actually a member of an HMO, like a whole lot of New Mexicans. It is very common in New Mexico. Forty percent of seniors in New Mexico take advantage of these kinds of plans because it has given them some choice and some options, when Medicare has not given them that choice before.

What we are adding to Medicare this week is a guaranteed benefit not just for people who are fortunate enough to live in Albuquerque, New Mexico, but for everybody else who has not had that opportunity: a guaranteed benefit under Medicare to add prescription drugs. That reduces the cost of medicine for everybody, and that gives people choices and options.

I think people want choices. If you are in Santa Rosa, New Mexico, maybe you want to get your prescription drugs by mail order. My family, we like to get it at the pharmacy, at the Journal Center at Loveless, just because that is convenient for us; but seniors should have those choices.

The other thing I think is important to seniors is that this is voluntary. If there is a senior, and I know a lot of veterans who are already covered by the VA or folks who have earned their health benefits through employment and they have great retiree plans, they do not have to sign up for this if they do not want to. But for those who do not have that coverage now, they will have the opportunity to get prescription drugs through Medicare.

Now, why does all this matter? I mean, we talk here about deductibles and donuts and all these kind of things; but I had somebody call my office recently, her name is Bertha Griego, and she is a wonderful lady who is 74 years old. She has lived all her life in New Mexico, and she talks with affection about the 1929 Model T her dad had driving around the dirt roads of New Mexico. She is a wonderful lady. And like most of our parents and grand-

parents, she has a growing list of ailments. Some of them are serious; some of them are just annoying. But prescription drugs have allowed her to live a relatively healthy life in her senior years.

Last year, she paid \$1,700 for the whole year just in copayments for her medicine. She is on a fixed income. Her husband, Robert, also has medical bills; and he gets Social Security. He has a small pension. All together they earn about \$16,000 a year. Well, when you pay the groceries and the light bill and the heating bill, the checking account gets a little short by the end of the month. And that happened recently.

Mrs. Griego ran out of money in the checking account 7 days before the next check came in. She also ran out of Lovexil, which is a medicine she takes for her thyroid problem. The pharmacist told her if she did not buy her medicine in the next 7 days, she would get a little groggy and tired in the meantime. And that is what happened. But Mrs. Griego could not get her pills until she had her check.

In New Mexico, 52 percent of seniors are low income, including Bertha and Robert. When we pass this legislation, and we get this program in place, Bertha and Robert will not have to wait for the next Social Security check to come in to buy their medicine. And that is why this matters. That is why we have a responsibility to do what we can with what we have from where we are and start making a difference for the problems that affect the people we care so much about.

Mr. Speaker, I reserve the balance of my time.

Ms. BERKLEY. Mr. Speaker, I yield 30 seconds to the gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY of Rhode Island. Mr. Speaker, I thank the gentlewoman for yielding me this time, just a couple of seconds to respond to the gentlewoman from New Mexico.

The fact of her being so passionate about seniors I do not question whatsoever, but if she was truly interested in helping those low-income people, then how come her votes and those of her colleagues repeatedly have cut the very programs on behalf of the people that she says she is trying to help? Instead, her party votes to cut taxes for the richest 1 percent of our population, those with incomes over \$350,000, by nearly \$2 trillion. And two-thirds of that goes to the wealthiest 1 percent.

And I might add that when they are done with this Medicare bill, they are going to give all the money they cut; they are going to add to special interest money for those with HMOs and those with pharmaceutical interests. And do not take my word for it; just look at the Wall Street Journal. The HMOs and the pharmaceutical companies are jumping up and down thanking the gentlewoman from New Mexico for giving them a gift.

Ms. BERKLEY. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I have a great deal of respect for the gentlewoman from New Mexico, and also the gentleman from Georgia, but I have to say I feel like I am listening to Alice in Wonderland when I listen to what the two of them are saying about this Medicare conference report that we are about to vote on in a few days.

The gentlewoman said that Medicare is very successful, and she pointed out that we are adding \$400 billion to the program. But I would ask a very simple question: If it is so successful, why do we not just add it as a drug benefit and give the seniors the \$400 billion for their prescription drugs?

That is what the Democrats proposed. We said, right now you have part B where you pay so much, I think it is about \$50 a month for your doctor's care, a \$100 deductible, 80 percent of the cost paid for by the Federal Government, and 20 percent copay. That is what the Democrats proposed. We said, do the same thing with prescription drugs: have the seniors pay \$25 for a premium, a \$100 deductible, 80 percent of the cost paid for by the Federal Government, 20 percent copay up to a certain amount, and then it becomes catastrophic. But that is not what the Republicans did.

The reason that the gentlewoman from Las Vegas is proposing this motion is because she does not want to give money to the HMOs. She does not want to force seniors to have to go to an HMO to get their prescription drugs. She says, let us give this money in this case to the doctors or let us give it to the seniors in some way so they benefit from it.

I totally agree with the gentlewoman that we need to provide prescription drug coverage and preventive care for seniors, but then why are the Republicans giving away money to the HMOs? Why are they forcing seniors to go to an HMO to get their prescription drug coverage? Sure, if someone wants to join an HMO, like in my State, some people do get their drug coverage, I have no problem with that; and I know the gentlewoman does not. But this forces the seniors into the HMO. My colleagues are saying they have to join an HMO in order to get the prescription drug coverage. And that is not fair. That is not choice. That is not voluntary.

Now, the gentleman from Georgia, said, well, we are providing with this Medicare agreement meaningful, affordable, and comprehensive coverage. That is simply not the case. First of all, seniors are being forced into an HMO. The Republicans are privatizing Medicare in the long run. But think about this benefit that you are giving the senior citizens. First of all, we do not even know what the premium is, so it may not be affordable at all. There is no set premium. We know that the deductible is \$275, not \$100, like it is for part B. And then there is, in fact, as the gentlewoman mentioned, this huge donut hole when you do not get any

coverage at all. So the seniors in the long run are going to be paying more out, in my opinion, than they are going to get back.

Now, yes, this is a voluntary program. But what good is it if nobody sees fit to sign up for it because they will be forced into an HMO or they will have to pay so much money out of pocket that they do not get a meaningful, affordable, or comprehensive benefit the way the gentleman from Georgia described? None of that is the case here.

Finally, why can we not have real competition? Let us have the Medicare administrator negotiate price reduction. That is not in this bill either.

□ 2230

Mrs. WILSON of New Mexico. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this bill does not force anybody to join an HMO, but seniors have the right to choose to get their medicine from managed care if they want to. Or if they want to, they can choose a stand-alone prescription drug plan or they can have it integrated with a fee-for-service plan that works for them.

People choose different ways to get their health care. My family has made our choice, and we are comfortable with why we make those choices for a lot of reasons, but we should have enough variety in this new system so we do not have a one-size-fits-all system, and that seniors have the right to choose, whether it is a stand-alone prescription drug program, a mail order program, added to fee-for-service, or rolled into a managed care plan, if that is what citizens want, that is what we have tried to do.

I have to say, in the end, this program is being supported by a pretty broad array of organizations who see it for what it is, a very good step towards providing prescription drugs to seniors in this country.

Mr. Speaker, I reserve the balance of my time.

Ms. BERKLEY. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. WOOLSEY).

Ms. WOOLSEY. Mr. Speaker, I thank the gentlewoman for yielding me this time.

Mr. Speaker, I would like the gentleman from Georgia to know he is going to have to continue doing the math and subtraction because the gentlewoman from California (Mrs. CAPPS) is not alone in resigning her membership today. I resigned mine, and I also circulated a letter here on the House floor, and within 30 minutes I had over 50 Members sign a letter to Mr. Novelli saying they were resigning their membership because of his change in his positions with AARP determining that it is more important to protect their insurance industry and their own insurance company than protecting the membership of AARP.

I want Members to know each time one of us announces that we have re-

signed and our constituents hear of it, we get calls back saying oh, I am resigning, too. I want to tell Members when the seniors in this country catch on to what the other side of the aisle are doing to them, they are going to want to resign.

Mrs. WILSON of New Mexico. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am not old enough to join AARP, but since they have become such a big part of this debate, I want to read what they have said. It is not an unqualified endorsement. I have never seen the perfect bill yet in this job, but it is a pretty good bill. I think the AARP came to that conclusion. I would like to enter their statement into the RECORD, but maybe reading some parts will explain where they are coming from. It is dated November 17, 2003, AARP endorses Medicare prescription drug bill, and this is directly from them.

"AARP today announced its strong endorsement of the prescription drug bill offered by the conference committee and will work vigorously for its passage.

"AARP believes that millions of older Americans and their families will be helped by this legislation. Though far from perfect, the bill represents an historic breakthrough, an important milestone in the Nation's commitment to strengthen and expand health security for its citizens at a time when it is sorely needed.

"The bill will provide prescription drug coverage at little cost to those who need it most: People with low incomes, including those who depend on Social Security for all or most of their income. It will provide substantial relief for those with very high drug costs, and will provide modest relief for millions more. It also provides a substantial increase in protections for retiree benefits and maintains fairness by upholding the health benefit protections of the Age Discrimination and Employment Act.

"AARP is pleased by the improvements made to the conference report in recent days. A new structure called "premium support" which required competition between traditional Medicare and private plans was downsized to a limited test starting in 2010, which has significant protections for those in traditional Medicare. The government will provide coverage in areas where private plans fail to offer coverage. The integrity of Medicare will be protected.

"An unprecedented \$88 billion will encourage employers to maintain existing health retiree benefits. The legislation will help speed generic drugs to market and add important new preventive and chronic care management services. Finally, this legislation protects poor seniors from future soaring prescription drug costs.

"AARP is launching a national grassroots, advertising and information campaign this week to explain the legislation and urge bipartisan support for its passage."

Sometimes we get the kind of lukewarm endorsement around here that Members just pull a sentence or two of. This is not one of them. This is unqualified support from an organization that is not known for supporting Republican provisions in bills, frankly. And I think we got to this point because we put aside partisanship and politics and focused on making a difference for the people that we came here to serve.

I think we have a right to be proud of what this body and this Congress as a whole is about to achieve this week. I welcome and commend the AARP for setting aside its traditional focus on sometimes which party Members are in and focusing on policy and not on politics.

AARP ENDORSES MEDICARE PRESCRIPTION DRUG BILL

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Mr. Speaker, I reserve the balance of my time.

Ms. BERKLEY. Mr. Speaker, I yield myself such time as I may consume.

I am absolutely astounded by the continued nonsensical talk about bipartisanship when the Democrats were not even allowed in the room when the decisions were made, when consumer groups were excluded, when there was absolutely no interaction of bipartisanship on this bill, and I dare say that we have not even seen the legislation yet in its completed form because it has

yet to come from the House leadership so all of us can review this. So this bipartisan discussion is nonsense.

Mr. Speaker, I yield 2 minutes to the gentleman from Oregon (Mr. DEFAZIO) to enlighten all of us.

Mr. DEFAZIO. Mr. Speaker, the gentlewoman from New Mexico (Mrs. WILSON) mentioned the VA. I assume she is aware as a veteran that the VA negotiates on behalf of all of America's veterans, and they have negotiated prices and the extortionate cost of pharmaceuticals of about 60 percent. That is how we can afford to give them very inexpensive medications with a very small copayment.

Those are similar to the reductions in Canada, about 50-60 percent, but the Republicans have prohibited in this legislation that the government should negotiate on behalf of the 40 million people in Medicare any reduction in the price of pharmaceuticals at the behest of the pharmaceutical industry. This bill also prohibits the importation of drugs from Canada. They say, no, it does not do that, we are going to give the authority of the Secretary of HHS to reimport the drugs, but guess what he has already said, he will not do it because they are not safe. But, in fact, arguably drugs, U.S. manufactured, FDA-approved drugs are safer when they come back from Canada because their supply chain is left corrupt in Canada because it is controlled by the government and because they negotiate 50-60 percent reductions in the price.

The gentlewoman talks about competition. Guess what, the insurance industry who the gentlewoman wants to subsidize with \$20 billion is exempt from antitrust law. They can throw out any senior at any time. We may get a 1-year plan from a company, but it is like every other form of insurance in America today, file one claim, next year you are back in the Medicare fee-for-service plan where the premiums have gone up because the industry has cherry picked people out until they need the service. They will give them a service grudgingly until the end of year until they can cut them off.

The people in my district know HMOs, they know them really well. The HMOs pulled out. They said we are not making enough money in southern Oregon, we are pulling out of southern Oregon, and they did. Now, there are no options. So we are going to put people back into the plans and the graces of the private insurance industry, after giving them a \$20 billion subsidy without subjecting them to antitrust law and exempting them from any negotiation by the government to reduce the price of pharmaceuticals. This is a giveaway to the pharmaceutical industry, plain and simple.

Mrs. WILSON of New Mexico. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, it is true the VA does negotiate very hard to get low costs for veterans in their system; and the rea-

son and the way they do that is the same way we are going to see under these new plans because it is kind of like when Americans go down to Costco or Price Club, when buying in bulk, consumers are going to get a better price.

Mr. DEFAZIO. Mr. Speaker, will the gentlewoman yield?

Mrs. WILSON of New Mexico. I yield to the gentleman from Oregon.

Mr. DEFAZIO. Mr. Speaker, I would ask the gentlewoman just to clarify, is the VA part of the government and are we prohibiting the rest of the government from negotiating on behalf of seniors?

Mrs. WILSON of New Mexico. Mr. Speaker, reclaiming my time, I would be happy to answer the gentleman's question in my own way here.

The VA does negotiate low prices because they have the leverage of having a lot of people who use the medicine. That is the same concept we are applying here, that there are large groups of people who can get a better price and get lower costs because they do it together. There is a group rate, just like we do if we go into Denny's with a large party, diners get a group rate and a lower cost.

The estimates are that the cost of medicine will go down between 15-25 percent, and we do not say that there has to be a Medicaid price. The companies can negotiate a low price, as low as they can get, and we give them leverage to do so. I think that is the way to go. And I think that guaranteed benefit is the way to go in this program.

Mr. Speaker, in closing, we are about this week to pass historic legislation that has been a long time in coming. This House has passed Medicare prescription drug bills twice before, but this is the first time that the Senate has also passed something and we can meet together in the middle. Contrary to the protestations by some of my colleagues, there actually were Democrats in the room, Senator BAUCUS and Senator BREAUX have both signed onto this approach, and without their support, we would not be passing this bill. I think that is important.

I think it is important to set some of those partisan things aside and try to get things done, recognizing that it is not perfect, but we are getting something done for the people who need it. It is voluntary. It gives people choices. It gives the most help to those who are low income and those who have high medicine costs because they are very sick. For the first time in Medicare, we are going to really focus on chronic disease management so that we improve the quality of life of seniors in addition to extending the length of life.

The biggest problem in Medicare today is that not enough seniors can afford life-saving medicine. We need to add this prescription drug benefit to Medicare.

I told Members about a lady in my district and there is another one I met who is a great grandmother. Her name

is Ella May Naser. She is older than Medicare. She is about to be 98 years old, and she is still sharp as a tack. She is on her own now, but in August of every year she has to change her health care plan from one Medicare+Choice system to another because she only gets about \$685 a month, and at some point the prescription drug benefit runs out in her plans. She has one medicine to control her high blood pressure, another to prevent degenerative bone disease, and another one for glaucoma. She has family that helps her sort all of these things out and try to make sure that her plans cover what she needs because they know she will stop taking her medicine if she does not have the money to pay for it.

This plan will help people like her. That is why we are doing this. That is why we have to set aside the little differences in order to accomplish the big things that people send us here to do.

Mr. Speaker, I yield back the balance of my time.

Ms. BERKLEY. Mr. Speaker, I yield 45 seconds to the gentleman from Massachusetts (Mr. DELAHUNT).

Mr. DELAHUNT. Mr. Speaker, I think it is important that we note as a matter of record that where the gentlewoman from New Mexico (Mrs. WILSON) indicated there were two Democrats that were present at the conference, and the gentlewoman I understand served on that conference. The gentlewoman is aware that the gentleman from New York (Mr. RANGEL), the gentleman from Michigan (Mr. DINGELL), and the gentleman from Arkansas (Mr. BERRY) were appointed by the leadership to serve in that conference and were denied access.

□ 2245

There was no input from the Democratic Party in this House into this particular conference.

Ms. BERKLEY. Mr. Speaker, I yield myself the balance of my time.

I have always believed in providing a prescription medication benefit under the Medicare system. It makes no sense to me that we have a Medicare system that allows seniors to see a doctor, the doctor prescribes the least expensive, most cost-effective way of dealing with illness, which is prescription medication. Many of the seniors in my district and throughout the United States cannot afford the prescription medication that the doctor prescribes. Being a doctor's wife and having a stepdaughter who is a third-year medical student, I do not need to be lectured by the other side of how the effect of these Medicare reimbursements are affecting doctors because I know firsthand and personal what it is doing. I know that the doctors are suffering and that there is a real crisis in health care and that our doctors need to be appropriately reimbursed for the Medicare patients that they see.

But what I am opposed to is privatizing the Medicare system, and

that is what this legislation does. Make no mistake about it, this legislation, rather than being a prescription drug plan, rather than being a Medicare reimbursement plan for doctors, what this is is the first step in privatizing Medicare, and that would be a disaster for our seniors.

I urge my colleagues to vote for this motion. My motion addresses the concern of the doctors across the country and ensures that Medicare patients can have access to their doctors by providing these doctors with a 1.5 percent increase in physician payments over the next 2 years. I ask my colleagues to protect our citizens and not have them investing in risky and untested privatization schemes and to put the necessary funding in the prescription drug bill to fairly reimburse our doctors who administer the necessary care to Medicare patients. Instead of putting the Medicare system in jeopardy, we should protect our constituents' access to care. This motion fixes this problem for another 2 years, but I implore my colleagues that in the future we must work together to address a permanent fix for the formula.

I urge my colleagues to support our doctors and their patients and vote "yes" on this motion to instruct.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. ROGERS of Alabama). Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentlewoman from Nevada (Ms. BERKLEY).

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. BERKLEY. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

MOTION TO INSTRUCT CONFEREES ON H.R. 2660, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2004

Mr. KENNEDY of Rhode Island. Mr. Speaker, I offer a motion to instruct.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. KENNEDY of Rhode Island moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the bill, H.R. 2660, be instructed to insist on the highest funding levels possible for nutrition programs for our nation's seniors as authorized by the Older Americans Act.

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from Rhode Island (Mr. KEN-

NEDY) and the gentleman from Ohio (Mr. REGULA) each will control 30 minutes.

The Chair recognizes the gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY of Rhode Island. Mr. Speaker, I yield myself such time as I may consume.

Today I rise to offer a motion to instruct the House conferees on the 2004 Labor, HHS and Education appropriations bill to insist on the highest level of funding possible for nutrition programs for seniors, programs such as Meals on Wheels and congregated meal sites.

As I rise this evening, I want to thank the gentleman from Ohio (Mr. REGULA) and the gentleman from Wisconsin (Mr. OBEY), who are both leaders on the Labor-HHS-Education subcommittee and who both know how important these programs are. I want to thank them for their hard work year in and year out to protect these programs so vital to our senior citizens.

This week we are debating controversial legislation, as Members have just no doubt heard, on the floor about the future of the Medicare system and the importance of providing a drug benefit without forcing seniors into HMOs. But the importance of that debate will be left to another time. Tonight we are in agreement when it comes to the importance of senior nutrition programs, and this truly is a bipartisan issue.

I know that most Members of this Chamber have often visited their senior centers and know, having spoken to them, how important it is that they receive these congregated meals. Tonight, this is an opportunity to put our money where our mouth is, and it is an actual opportunity to encourage our conferees to spend the money on senior nutrition. Even in spite of the fact that we have tight budgets, we cannot give senior citizens short shrift.

As I said, Members know about these programs, but I do not know how many of them truly appreciate their magnitude and reach. I would encourage those colleagues of mine who have not been out on a Meals on Wheels visit to go out with a volunteer and visit the people for whom these programs help make a difference. Nearly 2 million people receive meals through the congregated meal site program and 1 million through the Meals on Wheels program. This adds up to a total of 250 million actual meals served. That is a compelling statistic that reflects the nature of these programs.

My father, Senator EDWARD KENNEDY, was the author of the legislation that made the seniors' nutrition programs part of the Older Americans Act. I am proud that my father, Senator EDWARD KENNEDY, was responsible for the founding of Meals on Wheels. What he and others of his colleagues have recognized over 30 years is that Meals on Wheels is an important program not only for the nutrition that it brings but also because of the companionship and the neighbor-to-neighbor relation-

ship that it fosters. For many seniors, not only at the home is delivered a meal but a face with that meal, a person, someone who can offer companionship and friendship and know what is going on in the home when they arrive and deliver the meal. The value of these meals pays itself back in both the importance of good nutrition and also through the companionship and care that these meal volunteers provide.

We talk in Congress about how an ounce of prevention is worth a pound of cure. That is nowhere more true than the Meals on Wheels and the congregated meal site programs. In the congregated meal site programs, seniors get together at the senior centers to join in lunch; but in the process of doing that, they are exposed to an array of social services that may also be of assistance to them. Unfortunately, as many of us know in our Nation, one in 10 seniors lives in poverty. At the same time, there is expected to be a 30 percent increase in the number of Americans eligible for the Older Americans Act now that the baby boom generation is becoming the senior boom generation. Already in my State of Rhode Island, 14.5 percent of our population is 65 or older. We need to be ready for this population as it retires. We need to be ready for them as we take care of the seniors of today.

Finally, Mr. Speaker, before I turn it over to my colleagues, let me say, I have met Edna Bateman in one of my tours on a senior meal site. Edna Bateman is from East Providence, Rhode Island, and she knows what a difference it has made to her in her life not only to get that hot meal but also to have that companionship, that visitor every day that she is looking forward to seeing, who she wakes up every morning looking forward to talking to, who she unlocks her door and leaves it open so that she looks forward to hearing that Meals on Wheels volunteer coming to her door.

That is why I rise tonight to make sure more people like Edna Bateman get the services like this Meals on Wheels program. I want to pay tribute to her and the many others who receive this program. Tonight I know we all rise in support of those folks.

Mr. Speaker, I reserve the balance of my time.

Mr. REGULA. Mr. Speaker, I yield myself such time as I may consume.

(Mr. REGULA asked and was given permission to revise and extend his remarks.)

Mr. REGULA. Mr. Speaker, the gentleman from Rhode Island has described many of the values of this program. He is a very valued member of our subcommittee. As he well knows, we have done all we could for this program within the constraints of the Budget Act. It is a great program. I think one of the benefits that probably was not mentioned is it gives a lot of people in communities a sense of participation because these meals are delivered by volunteers in most cases if